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ABSTRACT

Intended for use by parents and child care providers, this short booklet offers practical information about many common childhood illnesses, providing suggestions for making decisions which concern the sick child. Information is given relating to how parents (especially working parents) can be prepared for their child's illnesses, specific instructions parents should provide when they have to leave the sick child with an alternative caregiver, sickness policies of child care providers, keeping the child healthy, common childhood illnesses, emergency situations and first aid, when to call a doctor, comfort measures for sick children, activities for sick children, and the importance for children of role playing doctor-related situations. A one-page selected bibliography of materials of interest to adults and children, a recommended immunization schedule, and a sample authorization form for the administration of medication are also included. (MP)

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2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

Child's Doctor _____
Child's Dentist _____
Police _____
Fire Department _____
Ambulance _____
Hospital Emergency Room _____
Poison Control _____

Family Friends for Emergency Help:
Name _____ Phone _____
Name _____ Phone _____

Parents can be reached at

_____

Caregivers for sick children

_____

_____
Parent's Name

_____
Address

_____
Telephone

Sick Child Care Book
For Parents
And
Child Care Providers

Compiled by

BANANAS, Child Care Information & Referral
6501 Telegraph Ave., Oakland 94609

Child Care Referral Phone: 658-0381
Provider Phone: 658-7353
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Much of the information in this booklet was inspired or extracted from the booklet *Day Care for Sick Children—A Guide to Good Health and Day Care Resources for Parents and Caregivers,* prepared through the collective energy of the Ithaca (New York) Committee for Day Care Health Policies.

Bananas is grateful for their interest and energy in the area of sick child care. Their kind permission to reprint portions of their booklet here enables us to spread the word to parents and providers in our area of the country.

Special thanks to our energetic Registered Nurse Judy Calder, to Rhoda Slanger, Dana Little and to Dr. Jean Dehlinger, and to graphic artists Amy Schwartz, Anna Chellton and Andrea DuFlon.

Copies of this booklet are available at the BANANAS Office, 6501 Telegraph Avenue, Oakland, Ca. 94609, or by sending $3 to cover the cost of the book and postage. Specific questions should be addressed to Judith Calder, R.N.

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GU

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PLAN ON SICK DAYS— THEY'RE INEVITABLE

Over the past six years, since BANANAS began, we have received countless calls from parents and childcare providers about the care of children who are sick. We all know that the healthiest of young children are likely to have days when they are too sick to be in regular childcare. For working parents, these days, unavoidable as they are, make life even more complicated than it already is. These sick days also present the childcare providers with many problems and concerns. Part of the answer is to plan ahead!

While this booklet will not cover every situation a parent or caregiver might face, it does try to offer some suggestions about making important decisions as well as to give practical information about many common childhood illnesses. Special precautions that caregivers should take to avoid the spread of disease are listed on pages 13-14. The last section presents some activities for sick children that both parents and caregivers can use.

Parents: Be Prepared

Before your child gets sick, consider what your choices will be. Will you be able to take care of the child yourself? Can you rearrange your schedule at work or school, or bring work home? If two parents care for the child and have flexible schedules, you may want to share equally in caring for the child during an illness. After thinking about your commitments, you will know what problems you will face in caring for the child when s/he is sick.

If the child is seriously ill, you will want to be with him/her regardless of the intensity of your other responsibilities. Find out *beforehand* what your employer's policies are on the use of sick days and personal days. Can you take a sick day when you are not sick yourself? Is advance notice required for taking personal days?

Find an alternate caregiver. Most working parents occasionally need to call on an alternate childcare provider. What kind of person should you look for?

Search for a dependable adult whom the child knows and likes, someone who can comfort and reassure the child when s/he is feeling bad. Think first about relatives, friends, neighbors. Other likely prospects are friends who don't work during the day—retirees, friends who have grown children, college students, and people who are temporarily unemployed.

Get acquainted with several alternate caregivers *before* you need them. Invite them to your house to meet you and the child. Some caregivers may also be interested in providing weekend or daytime care for healthy children; don't hesitate to ask them. The better acquainted you are with each other, the easier it will be for the child when sickness comes.

Check in advance, too, about transportation arrangements and fees. If looking for this person becomes too discouraging, remember that BANANAS has a list of daytime babysitters who are willing to care for sick children. Adults willing to do this kind of service usually receive the minimum wage.

Several "Sick Child Care Programs" are available to parents in the East Bay. These services dispatch trained workers to the sick child's home for short-term care. Fees vary according to the location of the program and the income of the parents. Call ahead of time to find out if there is a program in your area and how it operates. Call the information operator for particular telephone numbers (i.e., Berkeley Sick Child Care).

How sick is too sick for childcare? Providers vary in their willingness to care for sick children. Each center and home

establishes its own policies about caring for sick children. Make sure you as a parent know the policies in your child's care situation. If the provider has no policy, this may be a good opportunity to discuss what limitations s/he wants to set regarding care for sick children. Different policies are discussed on pages 10-11.

INFORMATION EXCHANGE

Sooner or later the day arrives when any child is too sick to go to the regular childcare situation. You will need to call on an alternate caregiver to help you. Be sure you provide the alternate caregiver with enough information to take excellent care of your child.

First, fill out the list of telephone numbers on the inside front cover of this booklet. Before you leave the house, show the phone list to the caregiver. If your child will be cared for out of your home, be sure to take all of the information with you to the caregiver's home.

Your caregiver should also have signed permission slips to:

1. Transport the child by car, taxi, bus, or other means in case the child needs to see the doctor while you are gone.
2. Authorize a doctor to administer medical care if you cannot be reached and the child needs immediate attention.

Make sure you leave specific instructions about where you can be reached during the day. If it is not easy to contact you, make arrangements to call the caregiver during the day to check on any questions or problems. The caregiver for your sick child has an important responsibility and needs information and help from you to do the best possible job.

Also discuss with the caregiver:

- The progress and treatment of your child's illness. Give written instructions about medicine: what and how much to give—when—where it is to be stored (see page 40 for sample medication form and pages 31–32 for "hints on medication").
- Description of child's routine (naptimes, snacks, meals, TV times, etc.).

- The physical layout of the house—where to find the first-aid kit, playthings, feeding and diapering supplies, second exit in case of fire, what to do with soiled diapers, etc.
- The general behavior and personality of the child and the possible reactions to illness—what symptoms the caregiver should expect and what to watch for.
- Suggested menu and activities for the day.
- What time you will return.

When you return, the caregiver should give you an accurate picture of the child's day, including:

- Medication administered: when and how much
- Sleep habits: when and how long the child slept.
- Appetite: what and how much the child ate.
- Activities: what the child was interested in doing.
- Toileting: any unusual bowel or urine colorations, etc.
- Temperature: fluctuations and most recent temperature.
- General mood of the child.

SICKNESS POLICIES OF CHILDCARE PROVIDERS

All childcare providers are concerned about health—the health of the individual child, of the group of children being cared for, as well as their own health.

Family childcare providers are generally more flexible than center childcare programs in responding to individual family needs. But both center and family caregivers are concerned about children contracting illnesses from other children. Their policies regarding sick children are based on this concern and on the ability of a sick child to recuperate quickly in a childcare situation.

Most centers will not care for a child with a fever or vomiting; but they vary considerably in their willingness to care for children with respiratory infections. Family caregivers in general will not accept or keep a child with vomiting, diarrhea, or a fever over 100° or 101° (taken rectally). Many caregivers will not accept a child who has more than one cold symptom (sneezing, coughing, runny nose, tearing eyes).

If a child seems ill during the day, or is cranky and irritable, the caregiver should call to alert the parents that their child may be getting sick. All caregivers should contact parents whenever the child is ill, even when they do not request that the parents come for the child immediately. Caregivers should suggest that the parents contact the doctor or clinic or have permission to call themselves.

One caregiver states the issue very well: "Our decision to send a child home is usually based on the degree of the child's discomfort. If a child is crying, unable to participate, needs to lie down, or acts sick, then s/he is sent home." Most childcare providers can find space for isolating a sick child for short

periods of time or, in some family childcare situations, for as long as the parent requests. In all cases, the comfort and well-being of all the children involved should determine when a child is too sick to attend his/her child care program.

With a doctor's request and written permission most childcare providers will give children prescribed medication. Most also dispense non-prescription medicines, with instructions from a doctor or the parents themselves (see page 40 for sample medication form).

KEEPING YOUR CHILD HEALTHY

Take a few minutes to review good health practices. If your child seems to have a non-stop runny nose or some off-and-on-again ailment, you may want to review this list and find some area you need to improve on in your family health habits.

The Basics of Good Health

- Sufficient sleep for the child's age. Try not to let your child get overtired.
- Good nutrition. Some children will not eat all the proper foods in one day, but the diet should balance out over a week's time.
- Immunizations. Are your child's up-to-date? (see page 39)
- Keeping children out of crowded gatherings during the season when strep throat and flu germs are most common.
- Cleanliness. Good hygiene discourages disease-causing germs. Teach your child to: wash hands before meals and after toileting; cover mouth when sneezing or coughing; use a tissue for a runny nose.
- Exercise. Allow your child to play out-of-doors whenever possible. Even an infant needs fresh air and filtered sunshine. Naturally, there are times when young children should be protected from the weather.
- Happy environment. There is some evidence that children who live in a calm, stable home environment are less prone to accidents and have fewer illnesses. Emotional stress seems to lower resistance.
- Healthy family. If you take good care of your own health, the benefits will rub off on your children. There is considerable evidence that in families where there are cigarette smokers young children have more respiratory illnesses such as colds.

Nutrition

Good nutrition for infants and other children plays an important role in preventing illness. If you are a mother who is breastfeeding, it is important to ensure that breast milk contain the proper amounts of nutrients and is easily digestible. It also contains antibodies to prevent some illnesses during early infancy. If you are bottle feeding, formulas also contain the nutritional requirements needed by sick children. In either case, you may want to supplement these feedings with water.

Immunization and Well-Child Check-Ups

Well-child check-ups are important for detecting health and developmental problems. They are generally scheduled to coincide with the schedule of immunizations your child should receive for protection against these preventable diseases: D.P.T.—diphtheria, tetanus, and pertussis (whooping cough); polio; measles, rubella (German measles); mumps.

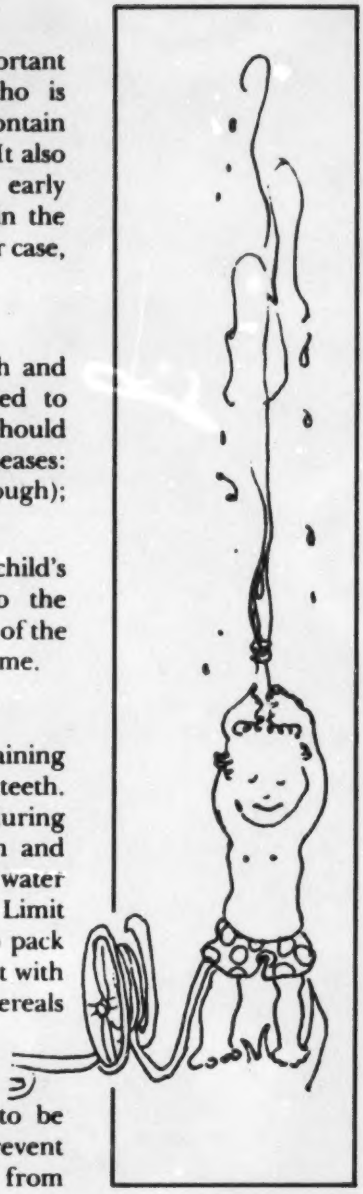
It is a good idea to keep your own record of each child's immunization and to keep it updated according to the immunization schedule (see page 39). Remember the date of the latest tetanus injection in case of an accident away from home.

Dental Health

Good dental health starts early. A well-balanced diet containing vitamins and minerals is important in the formation of teeth. Baby teeth are formed before birth so good diet during pregnancy is needed to avoid maternal loss of calcium and phosphorus. As soon as your child's teeth are in, give water instead of milk or juice at bedtime and during the night. Limit candy, and other sweets—especially those which tend to pack around the teeth and lengthen the time sugar is in contact with the area—raisins, peanut butter *and* jelly, sugar-coated cereals etc.

Health Tips for Providers

As a provider of care for sick children, you'll want to be particularly careful about your own health, not only to prevent your becoming ill, but also to inhibit the spread of illness from



the child's home to your own or to the other children in your care.

Many of these suggestions may seem obvious to you, but "an ounce of prevention" cannot be stressed too much.

1. Be sure the sick child uses a tissue or clean handkerchief when coughing or sneezing. Keep the child's face clean of mucus. Remember to throw away all used tissues.

2. Wash your hands after handling a soiled tissue, after diapering, and before feeding. Washing hands should also be a part of your personal hygiene.

3. Wash clothes, cribs, and toys used by a sick child with Lysol or Zephiran solution (Zephiran is more effective in killing staph or strep germs). This is especially important after an illness to prevent a recurrence, and before a healthy child uses the clothes, bed or toys.

4. Avoid prolonged contact with the child. Have the child sit next to you to read a story instead of on your lap. Express affection with hugs rather than kisses. Don't sleep in the same bed with a sick child.

5. Be aware of early symptoms of illness in yourself and the child. Try to maintain a quiet, restful atmosphere.

6. Take care of yourself and keep your resistance up. Be especially aware of your diet and that you need rest when caring for a sick child.

7. Change your shirt after contact with a sick child at the end of the day. Clothing transmits germs.

8. Never use the same area for diapering as for food preparation and serving.

9. Always keep dirty diapers in a securely covered container away from food service and play areas.

10. Keep eating utensils and dishes of the sick child separate and wash well after using. To disinfect—add clorox to final rinse of dishes done in the sink (3 Tbs. to 2 gal. of water), then air-dry dishes. Plain soap and water also helps.

COMMON CHILDHOOD ILLNESSES

Early childhood health problems can make parents feel their child "gets everything that walks past the front door." But take heart. Many childhood illnesses result in lifelong immunity. And children outgrow the tendency to get certain types of illnesses. Ear infections, for example, become less frequent as the Eustachian tube or ear canal becomes longer around the age of two.

Many childhood illnesses are most contagious *before* they are recognized and diagnosed. If the child is kept at home at the first sign of illness, fewer children are exposed and the sick child also benefits. It's also important to inform others who may have been exposed so they can watch for signs of an impending illness in their children (see Notice of Exposure example on back cover).

Suspicious signs are the same for many diseases. They may also resemble a common cold:

- chilliness or a chill
- fever
- headache, earache, or aching back or legs
- nausea or vomiting
- paleness
- red, watery eyes
- sneezing
- sore or scratchy throat
- swollen neck glands
- tight, dry cough
- watery nasal discharge

A communicable (contagious) disease is one that can be spread from one person to another. The types of germs which cause contagious diseases are: viruses (common cold, flu, chicken pox); or bacteria (strep throat, impetigo). The importance of knowing

which one is causing an illness is that some bacterial infections rarely cause serious illness while others frequently do. Also, some cannot be treated by home remedies.

Here's what to expect from the illnesses young children commonly acquire:

Colds

Young children, especially the under-fives, get many colds whether they stay at home or are in childcare situations.

The worst part of a cold lasts 2 to 3 days. Most colds bring sneezing, a runny nose, and watery eyes, but little or no fever. These symptoms may precede other illnesses (such as chicken pox or measles). An infant with a congested nose may also have trouble sucking, which can be an upsetting experience. Coughing from a cold may cause vomiting. Remember to encourage the child to drink lots of liquids when s/he has a cold.

Unfortunately, there is no antibiotic to cure a viral cold. It is important to watch for a severe sore throat, a sharp rise in temperature, or a deep chest cough. These symptoms may indicate that a secondary infection has occurred. This would require a pediatrician's advice and different treatment. It is also important to watch for the development of ear infection. Young children often pull or rub their ears when coming down with earaches. An untreated ear infection can sometimes lead to hearing loss. Infants under a year should be watched carefully. Colds can be spread as long as the child is sneezing and coughing.

Flu

Like the common cold, the flu is caused by a virus and is very contagious. But the flu is more severe. It takes one to three days to develop, then comes on quickly with a sore throat, fever, chills, headache and muscular aches, loss of appetite. Sometimes it brings vomiting, a cough, and general weakness. The fever usually lasts about three days. Full recovery takes nine to 15 days, if no secondary infections like pneumonia develop.

Treatment is the same as for colds: rest, drink lots of fluids, and take aspirin for fever and aches if recommended by your doctor.

Stomach and Intestinal Tract Infections (Enteric)

These kinds of infections are very common; they have a variety of causes. The symptoms are familiar: nausea, vomiting, diarrhea, and loss of appetite. Severe or prolonged cases can result in dehydration, especially in infants.

Enteric infections are communicable as long as symptoms are present. Good hygiene, especially handwashing before eating and after toileting, and care in handling food are preventive measures you can take.

Chicken Pox

The incubation period is usually 13 to 17 days.*

Chicken pox is a mild but very contagious disease which seldom has any side-effects. The first symptom is usually a rash of small red bumps or lesions that rapidly develop into blisters on a red base. The blisters usually appear first on the stomach and back, then spread to the face. In a day or two, crusts form on the blisters. These crusts usually fall off in about 14 days. While the rash is present on the skin, the red raised bumps, blisters, and scabs may all be present at once. The disease is spread by discharges from the nose and throat and the skin blisters, but not from the scabs. Recovery is in about 7 days. A child may return to a childcare setting in 7 to 10 days if no new lesions form. The rash is very itchy. To prevent infection, be sure the lesions are not scratched with dirty fingernails!

Measles

The incubation period is about 10 days from exposure to fever, 14 days to rash. It is contagious from the time the symptoms first appear to 4 days after the appearance of the rash.

Measles is becoming an uncommon disease, since a child can be effectively immunized against it. If a child is not immune and is exposed to measles, call your doctor.

Symptoms are: moderate fever; puffy, watery eyes; cold symp-

* Incubation period refers to the time after a child has been exposed to germs until the first signs of illness usually appear.

toms. The linings of the cheeks and lips show small, bluish-white spots. One to two days later, a rash appears, first on the head and then on the body.

Uncomplicated cases are brief, but measles can have serious and permanent consequences. Make sure your child is immunized. This is recommended at 15 months.

Mumps

The incubation period is usually 18 to 21 days.

Mumps is characterized by tenderness and swelling of the salivary glands located at the angle of the jaw. A fever and cold symptoms usually accompany the disease. Mumps virus is spread like cold viruses—by direct contact with the affected child's saliva, or from his/her coughing, sneezing, runny nose, or watery eyes. Mumps spreads quickly because it is most contagious about 48 hours before the characteristic swellings appear. The child with mumps should be isolated for 7 to 9 days, until the swellings are gone. Once contracted, the disease usually results in a lifelong immunity. Vaccine is available for children over one year of age. It is especially important for boys to be immunized; mumps can affect the testicles and may lead to sterility.

Roseola

Roseola is a contagious disease that children from 1 to 3 years old are particularly susceptible to. It is most common in the spring.

Roseola is characterized by a high fever that lasts for 3 to 4 days with no other symptoms. When the fever falls suddenly, a rash breaks out on the body. The rash is pinkish, flat, and resembles measles. The child may be cranky, but there are no complications to worry about.

Rubella

Incubation period is 14 to 21 days. It is most contagious for about 1 week before and at least 4 days after the onset of rash.

Rubella, or German measles, is a mild, contagious disease characterized by a blotchy pink rash. Before the rash appears, there may be coughing, sneezing and congestion of the mucous

membranes of the nose and eyes. The rash starts on the face and head, spreading to the neck and trunk.

Although it is a mild disease for children, rubella is very dangerous to pregnant women as it can cause deformity and disability in the fetus. Women who are in the first three months of pregnancy and have not had this disease should receive gamma globulin if they have been exposed to a case of rubella. Children with rubella should not be around pregnant women until recovery, which is usually 7 days. Children should be immunized against rubella, as should all women of child-bearing age if they are not already immune.

Strep Throat

Incubation period is 2 to 5 days.

This is a severe sore throat caused by streptococcus bacteria, which are also responsible for scarlet fever and impetigo. Most infections are relatively benign, since they can be treated with antibiotics; but complications can occur. Untreated strep throat, like scarlet fever, may lead to rheumatic fever or kidney problems.

Fifteen to 20 percent of sore throats with inflamed tonsils and pharynxes (voice boxes) are caused by strep. Strep throat comes on suddenly and may bring a fever of 104°. The child may have a headache. You may be able to see white patches on the throat. If a throat culture is positive, the doctor will prescribe antibiotics. (Be sure to always complete the 10-day course of penicillin or other antibiotics the doctor prescribes.)

Scarlet Fever

Scarlet fever appears as a fine rash accompanying some strep infection. The rash is usually seen one or two days after the first appearance of symptoms. It may cause some peeling of skin on the hands and feet as it disappears. Scarlet fever was feared before the days of antibiotics because of the danger of rheumatic fever; however, with prompt treatment, there is no danger today.

Pink Eye

Also known as bacterial pink eye or conjunctivitis, its symptoms are irritated, tearing eyes, swollen lids, and a mucous or yellow discharge that makes the eyelashes sticky. The child may have trouble opening his/her eyes after sleeping. (You can remove this discharge with a wet cotton ball, wiping from the inner to the outer corner of the eye. Wash your hands carefully after treating infected eyes.)

Children under five are most susceptible to conjunctivitis. It is transmitted by contact with discharges from the eyes or upper respiratory tract of infected persons, through contaminated fingers, or clothing or other articles. It is very contagious as long as the infection is active. For prevention, encourage personal hygiene.

Other causes for pink eye symptoms can be allergies, viral colds, or foreign objects in the eye. If the eye discharge is pronounced, ointment should be obtained from the doctor to put in the lower eyelid. Do not share the family towel.

Impetigo

Impetigo is a streptococcal or staphylococcal infection. Most often, the infection starts on the face with a pimple that has a yellowish or white blister on top. A scab or crust (partly brown, partly honey-colored) soon takes its place. There may be other spots on the face and on parts of the body. It is contagious and should be treated promptly by a doctor. Left untreated, impetigo may bring complications affecting the kidneys. Impetigo occurs most frequently during the late summer and early fall.

You should thoroughly clean underwear, towels, pajamas, and sheets, washing them every day with hot water and detergent while impetigo is present. Good personal hygiene and environmental cleanliness help to control the disease.

Lice

The first sign of head lice usually is itching red pimples where the hair meets the back of the neck and around the ears. The eggs (nits) are tiny, pearly-white, egg-shaped objects that stick tightly

to the hair shaft. Lice are transmitted by direct contact with an infected person or indirectly through clothing, headgear, and combs. Treatment consists of using a special shampoo that is available by doctor's prescription or from a pharmacist. Other members of the child's family or group should be checked carefully for a period of three weeks. For more details you may request the "Head Lice" Handout from BANANAS.

Pinworms

Pinworms are infectious parasites. Children can pick up pinworms from other infested children. Eggs are picked up from soiled linens, night clothes, or from scratching around the anus; they are transmitted by the fingers to the mouth. The eggs hatch in the intestines in 15 to 28 days. Itching of the anal area is the most common sign. The child may have insomnia or nightmares, and may lose his/her appetite.

To check for pinworms, press a tongue depressor with tape on it against the anus while the child is asleep. Bring this to the doctor to be examined for worms or eggs. If pinworms are present, an oral medication may be given to the whole family, and repeated in two weeks. Reinfection is possible. For prevention, good hygiene is essential.

Ringworm

Ringworm is usually seen as a small, round, raised lesion anyplace on the body, but often on the scalp. The lesions look like rings and, if left untreated, leave scaly patches and sometimes baldness. It is a fungal infection, not caused by a "worm" or internal parasite. It is communicable as long as the lesions are present. Contact your pediatrician or clinic for treatment.

Urinary Tract Infections

Symptoms of urinary infections are: frequent urination in small amounts, burning or pain when urinating, wetting pants or the bed when it is unusual for the child. The urine may appear cloudy or blood-tinged. The child should be seen by a doctor promptly to prevent further, more serious infection and fever.

Treatment consists of antibiotics or sulpha drugs. Encourage the child to drink lots of liquids, especially cranberry juice.

Urinary infections can be a result of poor bathroom hygiene. Bubble bath is also a frequent source of irritation or infection, especially for little girls, whose urethras are shorter than those of boys! Teach girls to wipe from front to back after toileting to avoid the spread of bacteria from the feces.

EMERGENCY SITUATIONS AND FIRST AID

The best way to prepare for emergency situations is to take the first-aid courses sponsored by the Red Cross. Call your local chapter to find out the schedule of classes.

Being prepared by having a well-stocked first-aid kit will also reduce confusion when an emergency occurs.

A first-aid kit should include:

- assorted bandages and band-aids
- gauze squares
- roll of 2-inch sterile gauze
- adhesive tape
- cotton
- soap
- scissors
- tweezers
- child's rectal thermometer (can be used orally if clean)
- baby aspirin or aspirin substitute
- syrup of ipecac (to induce vomiting)
- activated charcoal (for use in cases of poisoning)

Should an emergency situation occur take the following steps:

1. Assess the emergency by checking for breathing, pulse, bleeding, broken bones.

2. Do not move a child unless absolutely necessary.

3. If injury seems at all serious send for medical aid. Dial 911.

4. Remain calm and offer assurance and comfort.

5. Designate one person to remain with the child while another seeks aid.

Breathing

Know how to give artificial respiration. Gently tip back the child's head, pinch the nostrils and place your open mouth over the victim's. Then give a series of breaths every 3 seconds.

Choking

Choking is a healthy response to an obstruction of the airway. The causes are varied. It can be due to an anatomic obstruction such as the tongue dropping back, or swelling of the tissues in the throat due to the croup, epiglottitis, or an allergic reaction. Choking can also be caused by foreign bodies such as beads, nuts, etc., or inhalation of vomitus or mucus.

What to Do. If the choking is due to anatomic obstruction, take the child to an Emergency Room. If it is being caused by the tongue falling back in the throat, you should attempt to pull the tongue forward.

If the child is crying, coughing, or talking, this is an indication that some air is getting through. You can try to dislodge a foreign body by turning the child upside down over one arm or your knees and giving two or three sharp blows between the shoulder blades. Keep the child's head to one side so that if s/he vomits, it won't be inhaled. If you can see the foreign body when you look in the child's mouth, you may want to attempt to remove it—DON'T. If the above doesn't work immediately, call an ambulance or take the child to an Emergency Room.

If the child is not breathing it will be apparent. There will be no coughing or crying; the tongue, lips and nailbeds will turn bluish. Begin artificial respiration immediately and have someone call an ambulance.

Prevention. Children under four have the most problems. Keep small objects such as beans, buttons, balloons, tiny toys, etc. OUT OF REACH. Don't give nuts or hard candies to children until their molars have appeared. Discourage children from eating while running.

Take the artificial respiration workshops offered in your community through the Red Cross, Firefighters, etc.

Cuts and Scrapes

Clean thoroughly with soap and water and cover with a band-aid. Expose to air and sun when possible.

Bleeding

Apply firm direct pressure with a clean cloth and elevate injured body part above head. For larger cuts that gape open (especially if they appear on the face or areas that bend, such as the elbow or knee), you should consult a doctor or clinic to see if stitches are needed.

Nosebleeds

Have the child sit still with the head up. Apply gentle pressure to the nostrils with a handkerchief. It's best to do this at least 5 minutes by the clock.

Head Trauma

Symptoms indicating a serious head injury may not be present right away. Things that you should look for are:

- change in pupil size, especially if the pupils are different sizes.
- severe headache—in an infant it may present itself as increased crying and irritability
- unusual drowsiness and/or difficulty in waking
- nausea and/or repeated or forceful vomiting
- unsteadiness in walking or crawling
- bulging fontanel in infants
- seizures
- unconsciousness

What to Do. If there is bleeding involved, to stop the bleeding apply direct pressure to the wound for 10 to 15 minutes if necessary, then treat accordingly. A bruise or lump does not necessarily indicate a serious injury. If the child appears to be fine after a head injury, you can observe him/her at home. It is a good idea to wake the child every hour at night or during a nap. If any of the above symptoms occur, have the child seen by a doctor.

Prevention. Head injuries are common in young children learning to walk. Pad the sharp edges of coffee tables and other low pieces of furniture. Secure pieces of furniture that children might pull down on top of themselves.

Seizures

Some of the symptoms you may notice if your child has a seizure are rigidity and jerking; the eyes may roll, the head may be thrown back in a stiff fashion. Seizures may have many causes. Some of the most common are: high fever, epilepsy, head trauma, ingestion of a drug or chemical.

What to Do. Let the child finish the seizure before you do anything else. Move any furniture, etc., out of the way so the child doesn't get injured. Make sure the child is breathing and that the tongue is not blocking the airway. Turn the child's head to the side so that if s/he vomits, it will not be aspirated. You can place a pillow under the child's head if it is a hardwood floor. After the seizure is over, the child may be disoriented and exhausted. Reassure the child and try to have him/her relax in a quiet place while you phone the doctor or prepare to go to the emergency room. A child *must* be seen by medical personnel if s/he has had a seizure.

Febrile seizures may occur when a child has a high fever. This is seen most in children between the ages of 1 and 3. About 3 to 10% of children in this age range are vulnerable.

What to Do. In children susceptible to febrile seizures it is important to keep the fever down below 102-104°. Aspirin or an aspirin substitute is very effective in helping to control fever. Make sure that you give the correct dose at the proper time, as too little is ineffective and too much can be dangerous. Bathing the child can also help to bring a fever down. Put the child in a lukewarm bath for at least 10 minutes, making sure that the groin and underarms are cooled. This is much more effective than an alcohol bath. For the average child a fever below 102° usually needs no treatment. It is part of the body's efforts to control infection.

Burns

Immerse in cold water until pain subsides or lightly apply cold compresses that have been wrung out in ice water. Do not apply greasy ointments such as butter or Vaseline. Seek medical advice when burns occur on the face or over large areas of the body. To help avoid accidents, keep your hot water heater turned down to a moderate temperature and make sure that heaters—especially ones set into the floor—cannot be reached by young children.

WHEN SHOULD I CALL THE DOCTOR?

There will be times when symptoms are very serious and the pediatrician should be called at any hour of the day or night. At other times, when the child is acting sick and you have questions to ask the doctor, try to call during regular office hours or the morning phone hour. (Most pediatricians have an early morning calling hour to discuss problems.) Generally, if a child is ill, doctors would prefer to see him/her in the morning before s/he has been in school or childcare. This decreases the chance of exposure to other children. Many pediatricians feel that the best rule is "When in doubt, call."

When to Call the Doctor Immediately

Any of the following conditions require prompt medical evaluation:

- Bleeding that cannot be stopped by direct pressure to the wound.
- Unconsciousness.
- Anything beyond a local reaction to an insect sting.
- Breathing difficulties, difficulty catching breath, turning blue.
- Convulsions. Have someone call the doctor while you stay with the child. If convulsions last longer than a few minutes, take the child to the hospital emergency room.
- Severe, persistent abdominal pain that lasts more than two hours.
- Bloody or tarry (black) bowel movement in a child who is not taking iron. It indicates internal bleeding.
- Diarrhea in infants. Watch for signs of dehydration such as listlessness, fever, dry skin, and failure to urinate.

When to Call the Dentist Immediately

If a child knocks a tooth loose, even if it's a baby tooth, call the dentist immediately. If the tooth has been knocked out, find it

and wrap it in a clean, wet cloth. Teeth can be successfully reimplanted if the child is treated promptly. This is true of baby teeth, too, and should be done to encourage proper spacing when permanent teeth come in.

For emergencies such as these that occur after office hours or on weekends, or if you do not have a regular dentist, call the hospital emergency room. They have a schedule of dentists who are on call to handle emergency dental needs.

When to Call the Doctor During Office Hours

The First Year

- Vomiting. Be able to describe the amount and frequency.
- Unusual crying. Hoarseness, whining cries, or unexplainable cries may indicate problems.
- Fever. A rectal temperature over 101° for two hours or more, plus other symptoms accompanying it.

Preschool Age (1 to 6 years)

- Fever (taken rectally) over 101° for two hours or more, and any accompanying symptoms.
- Persistent headaches more than twice a week, or associated with nausea or vomiting.
- Dizziness. If a child cannot keep his/her balance, or feels that the world is spinning around, it is abnormal.
- Persistent vomiting.
- Unusual fatigue or weight loss.
- Constant cough or hoarseness.
- Frequent sore throats and mouth breathing.
- Frequent nosebleeds. This may indicate a problem if bleeding occurs at night or while the child is inactive.
- Sore or swollen joints.
- Frequent or painful urination.
- Enlarged lymph nodes in neck, and sore throat.
- Abdominal pain with increasing severity.
- Croup—a loud, deep, dry cough with breathing difficulties.

If you are having trouble deciding whether to call about a particular symptom, you may want to call BANANAS and ask for the advice nurse, Judy Calder.

COMFORT MEASURES FOR CHILDREN WHO ARE SICK

Diet

In cases of diarrhea there is no need to encourage solid foods. It is better to drink small amounts of clear liquids (water, tea, apple juice, jello water) frequently. As a child recovers avoid whole milk, spices, greasy foods, raw vegetables and fruits, bran and seeds. After vomiting has subsided, carbonated beverages or popsicles may have a soothing effect.

For most other illnesses you will want to encourage fluid intake. A home-made fruit-juice popsicle is one good way to do this. Offering a child something s/he enjoys every two hours will also help. A straw in a glass or a piece of fresh fruit as decoration will make it seem more appealing.

For sore throats a mixture of honey and lemon juice to taste, or if a child is old enough, a warm salt-water gargle, may be soothing.

A child's appetite varies with illness. Aside from offering fluids it's best not to make food an issue and trust that the appetite will return when the child feels better.

Air

Dry, hot air can be irritating to the respiratory passages of the nose and throat. Open a window for fresh air and lower the thermostat slightly if your rooms are overheated. Try to keep room temperature below 70°.

A vaporizer, which produces a *cool mist*, is soothing and helps the congested tight feeling that goes along with a cold, flu, or sore throat. This is more expensive but safer and more effective than a humidifier, which produces steam. If you don't have either, steam from hot water in a sink, a shower or kettle will do. With small children fill the room with steam first and then bring in the child to prevent accidental burning.

Itching

A cold moist cloth to the area or a bath in tepid water may provide temporary relief.

Calamine lotion is generally helpful.

Keep fingernails short and clean to prevent infection.

Headache

A cool moist cloth to the head may provide some relief.

Fever

Use aspirin or acetaminophen (Liquiprin, Tylenol) as directed by a doctor or clinic.

Do not overdress child.

A moist cool cloth to head may be helpful.

A tepid sponge bath followed by a brisk drying will help lower the temperature when this seems advisable.

Helpful Hints

A rectal temperature reading is more accurate than oral or axillary (armpit) readings. However, if a child resents the rectal thermometer and is too young for the oral route, you may use the armpit method, keeping the thermometer in place for 5 minutes. Remember that the rectal temperature will be higher than the other two.

A bulb syringe may be recommended by the doctor to remove mucus from an infant's nose.

When Giving Medicines

Always give medicine in the smallest amount of liquid possible. This will assure you that the child has taken the full amount. For example, it would be better to give a crushed aspirin in a teaspoon of water or juice than in 8 ounces of juice in a bottle. If the child doesn't finish the bottle, you will never know how much aspirin has really been taken.

Use a plastic eye-dropper—it's always helpful. The medicine can

be measured out by teaspoon first and then sucked up and squirted into the side of the infant's mouth.

A child old enough to do so may feel more in control and more agreeable to take medicine if it is offered in a large plastic measuring dropper with a spoon-like end. S/he can take the pre-measured dose with no adult aid—and no spilling. Most pharmacies will hand out such devices for the asking.

Maintain a firm, positive approach when giving required medication. Most children will resist unpleasant-tasting medicine but will eventually relent if they know they have no choice. A caregiver can say, "I know this tastes bad but I want you to take it now, and soon it will be over."

Never give a medicine if you have any doubt about its dosage or about the manner in which it's to be given. Call the parent or doctor to be certain.

Be aware that medication may have side-effects such as a change in bowel movements, different color of urine, or rashes. Ask the parents, doctor, or pharmacist for advice if changes occur.

Be sure to always complete (without interruption) the full course of penicillin or other antibiotics the doctor prescribes, even if the child's symptoms disappear.

Children's Responses to Illness

Reactions to illness vary greatly. Somewhere between two extremes you will find your child or the child you care for:

A child who is active and involved with his/her surroundings when well may become withdrawn, non-communicative, listless, refuse food or toys, and even affection, when sick. Although a child's illness may seem minor—cold, sore throat, flu—the reaction makes it seem more serious than it really is. Realizing this particular response will help the caregiver (parent or provider) understand the child and not become overly alarmed. This information may also be helpful to a caregiver who likes to actively assist someone who is sick and who becomes frustrated if there seems to be no soothing measure which helps.

On the other hand, some children react to minor or major illness by becoming demanding, fussy and clinging. A caregiver may have to spend extra time and provide more activities with this child. A patient, reassuring approach to this kind of child is made easier by the knowledge that this is a temporary state which will end.

Both these responses are related to the child's uncertainty about what is happening to his/her body and will diminish when the child feels better. As much explanation of illness as the child can understand may help.

ACTIVITIES FOR SICK CHILDREN

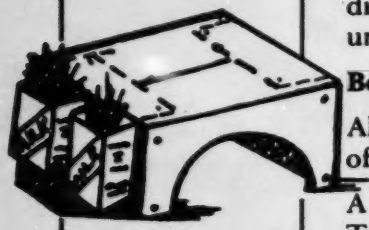
Food Projects

A child can squeeze his/her own orange juice. It's a diverting way to encourage fluids and a good source of vitamin C.

Popsicles can be made from favorite juices. Simply fill any small container (paper cups, ice-cube trays, small plastic storage bowls) with juice—many children like orange and grape juice. Insert a holder such as a popsicle stick or plastic spoon and freeze until solid.

Jello cubes are a finger-size, easy-to-take, gelatin snack:

In a large bowl, combine 4 envelopes unflavored and 3 packs (3 oz.) flavored gelatin. Add 4 cups boiling water and stir until dissolved. Pour into a large, shallow baking pan (13 x 9). Chill until firm. Cut into squares and serve.



Bed Table

Although bed rest is not required for most illnesses, a sick child often wants more rest than usual.

A bed table will be a delight and serve many purposes as well. Take a sturdy box with a flat surface. Cut out spaces for the knees and holes on the sides for handles. Attach old milk cartons which can serve as a handy "catch-all" for small toys, playing cards, crayons or soiled tissues.

Cover the top with plastic to protect against spills from food, drink, paint, playdough, or whatever else may go on top.

Draw an outline of a child's home, childcare setting, small village, or farm on a piece of paper the size of the top. This can set the stage for some imaginative play using small toys.

Other Activities

Old greeting cards, magazines, and catalogues can be cut up and used for collage, counting, decorating, and pasting.

Magnets can occupy children for quite a while. Have several clean tin cans which nest inside each other and use a magnet to stack, nest, and move cans around. If the magnet is attached to an old fishing pole the game is even more interesting.

Surprise Package or Feelie Bag. Put an interesting small object (an old watch, some masking tape, an eggbeater, a set of keys) inside a box and wrap it. Give it to the child for shaking, smelling, guessing what's inside. Or take a paper bag and put the object inside. Have the child close his/her eyes and feel to identify the object.

Sorting Toys. An egg carton or cupcake tin works well as a place to put small objects like spools, blocks, pieces of cereal.

Can of Clothespins. Arrange peg clothespins around the edge of a can. A younger child will enjoy taking them off and putting them on.

Rubbery Playdough

Add 2 cups baking soda and 1 cup cornstarch to 1½ cups water and mix with a fork until smooth. Boil the mixture over medium heat for one minute, or until it thickens. Spoon onto a piece of waxed paper or plate until it cools. (This playdough responds to the warmth of hands and will change as the child works with it.)

WHY PLAYING DOCTOR IS IMPORTANT FOR CHILDREN

Playing doctor, nurse, hospital, patient or just plain sick can be very important for every child. It's play with a purpose. If you find your child or a group of children playing doctor, encourage them to continue. It can be very informative to stay close by and listen.

Through this kind of playing, children can gain a sense of mastery over situations beyond their control. A visit to the doctor, or an illness, or a hospitalization is more understandable and tolerable for the child if you can explain the unknown.

Before a visit to the doctor's office or clinic, inform your child of exactly what will happen. Mention particulars like "You will probably have to sit still and wait for a while in the waiting room," "You will probably have to take off your clothes," "The nurse will want to take your temperature," "People may be dressed in white coats." Children need to know what to expect. If they are prepared, they will be able to transfer the trust they feel for you to those other adults who will be caring for them.

Dolls really do make good patients. Although they can't answer important questions such as, "Where does it hurt?" "What's wrong?" "How are you feeling?" they are especially cooperative in getting shots or in having bones splinted. Playing and talking this way gives a child the chance to care for and help others, to feel sympathetic toward other people's pain, and to act out fears, worries and anger.

If children are "playing doctor," suggest that they reverse roles. If you are playing with a child, do the same. Then everyone has the opportunity to be both patient and doctor.

Remember also that after hospitalizations and even after everyday illnesses (like flu), children may regress and lose some of their more recently acquired skills. For example, a child who had been toilet trained may begin bedwetting again. Talking about being sick (either at home or in the hospital) will help children overcome those helpless feelings which come with physical weakness and restrictions.

Doctor's Kit

Stethoscope (& Otoscope)*

Materials needed: toilet paper tube and string.

Doctor's Hat

Materials needed: band of white paper stapled to fit head size—draw a red cross in front.

Bandages

Materials needed: strips of masking tape or old sheets.

Doctor's Outfit

Materials needed: old white shirt worn backwards with a red cross drawn on it.

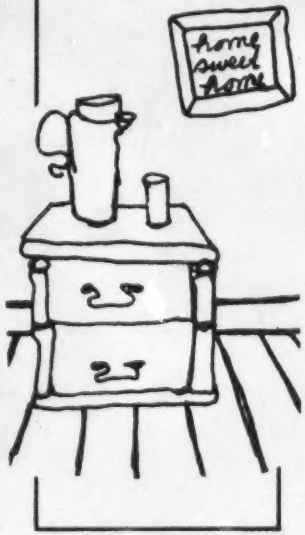
How To Use a Stethoscope

Apply tube to chest near left nipple and listen for heart sounds (lub-dub-lub-dub). You may have a hard time hearing them but be patient and move the stethoscope around the chest until you do.

See what happens when the "patient" runs around or skips rope before you listen.

The sounds you hear are the sounds of the heart as it pumps blood. The blood is pumped around your body inside tubes called blood vessels. Blood contains important things (nutrients and oxygen) to keep your body strong.

*Use the stethoscope as an otoscope: use tube to look in ears, eyes, nose, mouth (just like the doctor or nurse).



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For Adults

Green, M. *A Sigh of Relief—The First Aid Handbook for Childhood Emergencies.* New York: Bantam, 1977. A comprehensive first-aid manual with very good sections on toy safety and playground equipment done in clear graphic style; especially helpful if you are a visual learner.

Shiller, J.G. *Childhood Illnesses—A Common Sense Approach.* New York: Stein and Day, 1972. A step beyond Dr. Spock in that Shiller provides a greater understanding of the body's response to illness and encourages parents to make more decisions regarding care for their sick children.

For Children

Burstein, J. *Slim Goodbody.* New York: McGraw-Hill, 1977. A "find out about your body" book that stresses good health habits, complete with a section on science experiments. For the slightly older child.

Rockwell, H. *My Doctor.* New York: MacMillan, 1973. A good beginning book to acquaint your toddler with the physical surrounds of a doctor's office.

Segal, L. *Tell Me a Mitzi.* New York: Scholastic Book Services, 1970. A charming story of a family's bout with flu and how they tenderly care for each other.

Stein, S.B. *A Hospital Story.* New York: Walker and Co., 1974. A photographic story of a young girl's hospitalization for a tonsillectomy with separate text for children and parents.

RECOMMENDED IMMUNIZATION SCHEDULE

Immunization	Age
1st Oral Polio & 1st DPT (diphtheria, pertussis, tetanus)*	2 mos.
2nd Oral Polio & 2nd DPT*	4 mos.
3rd DPT*	6 mos.
Measles,* Mumps,* Rubella*	15 mos.
3rd Polio & 4th DPT*	18 mos.
Additional Oral Polio & DPT Booster	5 yrs.
Tetanus-Diphtheria Booster; repeat at least every 10 years	15 yrs.
Tetanus-Diphtheria & Oral Polio; first two doses two months apart, 3rd dose 6-12 months later; further boosters every 10 years	children over 6 yrs. & adults** who have not had basic series

* Vaccinations required by State law for school entry.

** Oral Polio vaccine is not recommended for adults unless they travel to an area where polio is endemic.

NOTE: Routine Smallpox vaccination is no longer required or recommended.

SPECIAL AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED DAY CARE HOME PERSONNEL

I AUTHORIZE THE ADMINISTRATION OF _____ TO _____
(medication) (child's name)

BY _____ . THIS AUTHORIZATION IS EFFECTIVE UNTIL _____ .
(name of day care operator)

PARENT _____ ADDRESS _____
(signature)

HOME PHONE _____ BUSINESS PHONE _____

NAME OF DOCTOR WHO PRESCRIBED MEDICINE _____

DOCTOR'S PHONE _____

****

PHYSICIAN'S ORDER

(to be completed if the medication is not labeled with the child's name, name of the drug, physician's name and directions.)

NAME OF CHILD _____ AGE _____

ADDRESS _____ DATE OF BIRTH _____

CONDITION FOR WHICH DRUG IS BEING GIVEN _____

POSSIBLE SIDE EFFECTS TO BE OBSERVED _____

OTHER SUGGESTIONS, REMARKS, ETC. _____

LENGTH OF TIME DURING WHICH MEDICATION SHALL BE GIVEN:

FROM _____ TO _____

_____ DATE _____
(physician's signature)

ADDRESS _____ PHONE _____

EXPOSURE NOTICE

Child Care Provider:_____ Date:_____

Dear Parents:

Your child may have been exposed on_____to the disease that is checked below.

- ☐ **CHICKEN POX.** Onset about 2 to 3 weeks after exposure. Slight fever and irritability for one day; then fine blisters appear, first on the trunk, then on the face. Isolate child 7 days or until all scabs are dry, whichever is longer.
- ☐ **STREPTOCOCCAL INFECTIONS** (including Scarlet Fever and Streptococcal sore throat). Onset usually 2 to 5 days after exposure. Sore throat, fever. In some instances, a rash develops. If your child becomes ill, consult your physician immediately.
- ☐ **GERMAN MEASLES.** Onset about 2 weeks after exposure. Slight head cold, swollen tender glands at back of neck, changeable rash which goes away in 2 to 3 days. Keep your child away from women who are in the first 3 months of pregnancy. Isolate child until all symptoms disappear.
- ☐ **MEASLES.** Onset about 1 to 2 weeks after exposure. Runny nose, watery eyes, fever (which may be quite high), cough. A blotchy rash appears on about the fourth day of illness. Isolate child for 7 days after appearance of the rash.
- ☐ **MUMPS.** Onset about 2 to 3 weeks after exposure. Pain in cheeks, increased by chewing; then swelling, especially over the jaw and in front of the ear. Isolate child until swelling has disappeared.
- ☐ **HEAD LICE.** For 2 weeks after exposure, observe hair and scalp at neck line and around ears for eggs or nits (tiny, pearly-white, egg-shaped objects) which stick tightly to the hair shaft. Child may also complain of an "itchy" head. Consult your physician or pharmacist for treatment. Child is excluded from child care until treated. Other members of the child's family should be checked carefully.
- ☐ **PINWORMS.** Itching of the anal area especially at night is the most common sign. The child may have insomnia or nightmares and may lose his/her appetite. Consult your physician if you suspect pinworms. Other members of the family should also be observed and treated.
- ☐ **PINK-EYE (Conjunctivitis).** Onset is usually 24-72 hours after exposure. Irritated, tearing eyes, swollen lids, and a yellow mucus discharge that makes the eyelashes sticky. It is very contagious as long as infection is active. Children under 5 are most susceptible. Children should be excluded until symptoms disappear. Consult with physician for treatment.